Communication H 4

JOE A. SMITH

MAYOR

mayor@nlr.ar.gov

OFFICE OF THE MAYOR



PHONE (501) 975-8601 FAX (501) 975-8633

CITY HALL P.O. BOX 5757 NORTH LITTLE ROCK, ARKANSAS 72119-5757

website: www.nlr.ar.gov

MEMORANDUM

TO: Members of the North Little Rock City Council

FROM: Anita Paul ANTE: July 8, 2020

SUBJECT: Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment* and *Comments of Officials* forms from the State of Arkansas. Alcoholic Beverage Control Division.

The following applicant has applied for a native beer, restaurant mixed drink minimum permit – transfer of location:

Kyle Dismang North Bar 3824 JFK Blvd North Little Rock, AR 72116

Please note the 15-day comment period referred to in the final paragraph of the *Comments* page.

Thank you.

Attachments

DATE 07-08-2020
Diene Whitbey, City Clerk and College

MICEIVED

"An Equal Opportunity Employer"

Printed On:07/06/2020

	ASS	IGNMENT.		
Date Received: 06/11/2020		Received	Date Assigned: 07/06/2020	
Applicant: Kyle DISN	lang	JUL 0.8 2020	D.O.B: «DOB»	
Green Card Number (Permanent Resident Alien): City of NLR Mayor's City				
Home Address: , ,		BY.		
Home Phone:	Business Phone: (501)	420-1117	Cell Phone: (501) 413-2447	
Trade Name: NORTH BAR				
Former Trade Name: NORTH BAR				
Business Address: 3824 JFK BOULEVARD, NORTH LITTLE ROCK, AR 72116, County 60 - PULASKI				
is Business Address located within City Limits: Yes				
Type Of Investigation: Transfer of Location				
Dancing, if requested: No				
Comments / Remarks:				

Copies Of Assignment and Comment Form Mailed to: ABC-ATC.AssignmentSheet@dfa.arkansas.gov;
Assigned to Investigator:
Stockholders / Partners / LLC Members : Eric Greer

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: Kyle O'S MANAGE

TYPE OF APPLICATION: NATIVE BEER, RESTAURANT MIXED DRINK MINIMUM

BUSINESS NAME: NORTH BAR

BUSINESS ADDRESS: 3824 JFK BOULEVARD, NORTH LITTLE ROCK, AR 72116, 60 - PULASKI

DATE OF APPLICATION: 06/11/2020

NAME OF PUBLIC OFFICIAL:

TITLE OF OFFICIAL:

OFFICIAL MAILING ADDRESS:

PHONE:

SIGNATURE OF OFFICIAL:

DATE:

NAME OF AGENCY OR COURT:

Do you have any objections to the issuance of this permit? Yes or No

To ensure your comments are available at the time this application is considered by the Director, please complete and return this form to ABC Administration, 1515 West 7th Street, Suite 503, Little Rock, AR 72201, within fifteen (15) days of receipt. In compliance with the Freedom of Information Act, this Comment Form will become a matter of public record. Pursuant to ACA 3-2-103, a national fingerprint based background check will be, or has been, conducted. At ACIC's request, do not run your own criminal history check through ACIC.

Printed On: 07/06/2020

If yes, please explain your objections below:





Permittee's Signature

Transfer Of Location Application Permit Holder: Kyle Dis Permit No Trade Name of Business and Address **Business Phone** Contact Phone **NORTH BAR** 05875 501-771-6900 3812 JFK, North Little Rock, AR, 72116 North Bar **New Location** 501 413 5014201117 UFK BIVD. NLR, AR 2447 If new address change here Current Address Home Address 157 Weathering Drive 300 Doolty Rd Austin, AR, 72007 157 Weathering Drive Mailing Address 300 Duckey Rd Austin, AR, 72007 NLR, AR 72116 Email Address Kulerau 3000 Ogmail. Lom Please check applicable permits: Select Permit Description Fee Restaurant Mixed Drink Minimum \$50.00 NO CASH **Total Amount:** 50.00 Is the proposed location inside or outside city limits? \cite{S} Inside \cite{S} Outside Do you D Own / D Lease the proposed premises? If Leased, list name and address of the 5601 JFK BIVD NLR, AK 72116 I certify the following (Check any applicable): ☐ No Beer, Wine or Liquor permit exists at the proposed location Existing permit for this location will be surrendered for cancellation upon the issuance of new permit. Existing permit has been previously surrendered. □ Other _ I, Kyle Dismang, do hereby acknowledge that all answers submitted are true to the post of my knowledge.